

claim says

30 gpm.

4 afy



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

For filing with the Department of Ecology or with County Conservancy Boards

13 DEC 12 A8:37

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY

DEPT. OF ECOLOGY
FISCAL & BUDGET

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Resort expansion requires a second well and a larger place of use. See cover letter.

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-12-13
CHECK NO. 73016-23 FEE \$ 50-
DATE ACCEPTED 2/14/13 BY DB
CHANGE NO. G1-149277CL
COUNTY San Juan WRIA 2
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. _____ PERMIT NO. _____

CERT NO. _____ CERT OF CHG NO. _____

☒ I have participated in a pre-application conference with Ecology (my agent has).

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
<u>Lonesome Cove Resort, Inc.</u>	<u>360-378-4477</u>	
ADDRESS		
<u>PO Box 1607</u>		
CITY	STATE	ZIP CODE
<u>Bellevue</u>	<u>WA</u>	<u>98009</u>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
<u>Steve Goff</u>	<u>206-571-7487</u>	
ADDRESS		
<u>PC Management, PO BOX 832</u>		
CITY	STATE	ZIP CODE
<u>Bellevue</u>	<u>WA</u>	<u>98009</u>
EMAIL ADDRESS (IF AVAILABLE)		
<u>Steve Goff <steveg@pcmgmt.us></u>		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
<u>Lonesome Cove Resort, Inc. & Steller Pop LLC</u>		
ADDRESS		
<u>PO Box 1607</u>		
CITY	STATE	ZIP CODE
<u>Bellevue</u>	<u>WA</u>	<u>98009</u>
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
<u>G1-149277CL</u>	<u>Allen D. Turnbull</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well (inactive)	2	GL5		18	36N	3W	Unknown	Unknown

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	GL5		18	36N	3W	361812001000	ABO 752
Well	3	NW	SE	18	36N	3W	361842003000	APR 200

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
8 domestic uses	17 GPM	4.0	Throughout the year

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
40 domestic uses	30 GPM	10.0	Throughout the year

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
GL5, Sec 18, T36N, R3W, San Juan, 361812001000 9.37 ac.							
See full description on attached water right claim							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
GL5		18	36N	3W	San Juan	361812001000	9.37
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: The following parcels are additional to the existing place of use. Legal descriptions are attached.							
Steller Pop Parcel 1 - GL5, Sec 18, T36N, R3W, San Juan, 361813004000 10.51 ac.							
Steller Pop Parcel 2 - GL5, Sec 18, T36N, R3W, San Juan, 361813005000 0.63 ac.							
Steller Pop Parcel 3 - GL5, Sec 18, T36N, R3W, San Juan, 361813006000 9.48 ac.							
Steller Pop Parcel 4 - GL5, Sec 18, T36N, R3W, San Juan, 361813007000 5.69 ac.							
Steller Pop Parcel 5 - GL6, Sec 18, T36N, R3W, San Juan, 361814001000 5.01 ac.							
LCR Parcel - NW, SE, Sec 18, T36N, R3W, San Juan, 361842003000 2.92 ac.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SE	18	36N	3W	San Juan	See above	34.24
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: <u>Steller Pop, LLC, PO Box 1607, Bellevue, WA 98009</u>							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G1-05271CWRIS appears to have TPN 361842003 & 361814001 in its place of use. See attached. Also S1-041324CL is located on TPN 361813004 which will be included in the proposed place of use.

6. Remarks and Other Relevant Information:

Well #1 (ABO 752) is 549' East and 1340' North of the center of Section 18, T36N, R3W measured using San Juan County GIS map.
Well #3 (APR 200) is 804' West and 108' South of the center of Section 18, T36N, R3W measured using San Juan County GIS map.
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Longsight Cove Resort, Inc
STEVEN GOFF Steven Goff 11/21/2013
Applicant Printed Name - Title Applicant Signature (Date)
STEVEN GOFF Steven Goff 11/21/2013
Water Right Holder Printed Name Water Right Holder Signature (Date)
STEVEN GOFF Steven Goff 11/21/2013
Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature (Date)
Longsight Cove Resort, Inc STEVEN GOFF 11/21/2013
Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature (Date)
Real Estate Manager

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____